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DAVID DOUGLAS WINTERS

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PATENT ATTORNEY

OCT 26 2005

571-273-8300

FACSIMILE TRANSMITTAL SHEET						
TO: ATTN OF, Ms. Lashawn Morgan USP	FROM: DAVID D. WINTERS					
COMPANY: Winters Patent Law	26 OCT 2005					
FAX NUMBER: 931-906-0131	TOTAL NO. OF PAGES INCLUDING COVER:					
PHONT NUMBER: 931-906-4445	SENDER'S REFERENCE NUMBER: 030403 (R) ROBERTS					
RE: Additional claims fees	YOUR REPIRENCE NUMBER: 10/700,255					
Murgent □ For review □ PL	BASE COMMENT PLEASE REPLY PLEASE RECYCLE					

Notes/Comments: Regarding telephone conversation of 26 OCT 2005 with Lashawn Morgan concerning U.S. Patent Application 10/700,255 of Freddie Ray Roberts, docket number 030403 (R) ROBERTS, and documents filed 30 SEPT 2005 with USPTO, accompanying is a fee transmittal form and a credit card payment authorization form to affect payment of \$200.00 fees for 4 additional dependent claims and 1 additional independent claim.

The courtesy of your call and your timely disposition of this matter on behalf of my client is greatly appreciated.

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FROM: RONIN SENSEI

FAX NO.: 931 906 0131

Oct. 26 2005 01:12PM 02 001 26 2005

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE work Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). 10/700,255 Application Number TRANSMI 11/03/2003 Filing Date For FY 2005 Freddie Ray Roberts First Named Inventor Examiner Name Katrina B. Harris Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3747 030403 (R) ROBERTS TOTAL AMOUNT OF PAYMENT 200.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the flung fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17
WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES** Small Entity Small Entity Small Entity Fees Paid (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 100 Utility 300 150 500 250 130 0 65 100 Design 200 100 50 0 160 200 100 300 80 150 Plant 300 500 250 600 300 Reissue 150 200 n 0 O **Provisional** 100 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fec (\$) Fee Description 25 50 Each claim over 20 (including Reissucs) 100 200 Each independent claim over 3 (including Reissucs) 180 360 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Extra Claims Fee (\$) Total Claims Fee Pald (\$) 25.00 100.00 Fee (\$) - 20 or HP = 4 HP = highest number of total daims paid for, if greater than 20. a Fee Paid (\$) Extra Claims Fee (\$) <u>Indep, Claims</u> 00000043 10700255 10/27/2005 MBINAS 100.00 100.00 - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 00.00 OP 01 FC:2202 00.00 OP APPLICATION SIZE FEE If the specification and drawings exceed 100 shoets of paper (excluding electronid語)好話話的iequence or computer listings under 37 CFR 1.52(e)), the application size fee duc is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) Extra Sheets Total Sheets 0 (mund up to a whole number) x

SUBMITTED BY			1				
Signature	March	relate		Registration No. 50,746	Telephone 931-906-4445		
Name (Print/Type)	David D. Winte	As .		,	Date	26	0405

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form analyze suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissionar for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Fees Paid (\$)

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